

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27100

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 6892

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME WILLIAM J. HORSTMANN.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malinda L. Horstmann. 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased February 12, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 12 hr. min.

9. Birthplace Gerald, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian (Retired)

11. Industry or business Custodian.

MOTHER FATHER { 12. Name Christ Horstmann.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Gerding.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Malinda L. Horstmann.

(b) Address 1337a Goodfellow Ave.

17. (a) Burial (b) Date thereof 8-27-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) AUG 25 1941 (b) J. Biedenk
(Date served local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1337a Goodfellow Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th.
year 1941 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 1, 1941 to Aug 24, 1941.
that I last saw him alive on Aug. 24, 1941.
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Carcinoma - stomach Duration 6 mo.

Due to _____

Due to H. arterio sclerosis 5 yrs
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury 991-D
23. Signature W. Biedenk (M. D. or other) 9-25-41
Address _____ Date signed 9-25-41

Dr. Victor Kieffer.
Lister Bldg.
Hours 1 to 3 P.M.
Telephone Forest 3800

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.